Kentucky Department for Environmental Protection Division of Waste Management Underground Storage Tank Branch 300 Sower Boulevard – Frankfort KY 40601 (502) 564-5981 FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS SPACE

## **DRAFT**

## **UST Affidavit of Waiver for PSTEAF Reimbursement**

Date Form Completed	1 1			
1. UST Facility Information				
Agency Interest Number (AI)				
UST Facility Name				
UST Facility Physical Address	Street Address:			
	City:	County:	Z	ip Code: -
2. Certification				
☐ Check here if the person completing the form is the same as the owner or operator named below.				
Name of Person Completing Form				
Email			Phone Number	( ) -
I, the undersigned tank owner or operator,, hereby acknowledge that reimbursement from the Petroleum Storage Tank Environmental Assurance Fund (PSTEAF) will not be sought for the actions to be performed at the above referenced facility for (mark only one below):				
☐ The purpose of meeting the requirements of 401 KAR Chapter 42 for the release reported on// (MM/DD/YY).				
☐ The proposal submitted on// (MM/DD/YY) by (contractor).				
☐ The written directive issued by the cabinet on// (MM/DD/YY).				
☐ Other (describe):				
Owner or Operator	Printed		Title	
	Signature		Date	1 1
3. Notary Information				
Subscribe and sworn to before me by (Owner or Operator):				
This the	day of	,		
Notary Public				
	OR County			
Commission State at Large  My Commission expires  OR County  SEAL OPTIONAL				
INTY CONTINUESSION EXPINES				
¥				
If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <a href="http://waste.ky.gov/ust">http://waste.ky.gov/ust</a> . For copies of				

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